# Provider Child Care Central Database Application

**PROVIDER INFORMATION** _____ **RENEWAL**

***Check if new address or phone number*** _____

Name _____ Social Security Number _____

Street Address _____

City _____ State _____ Zip Code _____

Phone # _____ Alternate Phone # _____ Fax #_____

e-mail Address: :_____ Website Address:_____

***Which category of regulation applies to your family child care home?***

___County Permit ___Fairfax City ___Ft. Belvoir ___ State License (Dates) from _____to_____
___ Falls Church City ____ Infant/Toddler Family Child Care System

**Accreditations** _____ NAFCC _____ CDA _____ Expiration Date
***National Association of Family Child Care*** ***Child Development Associate Credential***

***Do you have Pets?*** ___ Yes ___ No If yes, ____ Indoors ____ Outdoors only
***Do you provide a smoke free (no one in the home is a smoker) environment?*** ____ Yes ____ No

***Is your home:*** ___ Near public transportation ? ___ Wheelchair accessible ?

**USDA Food Program Participation**

_____ OFC USDA Food Program ____ Other USDA Food Program _____ none

***List your neighborhood elementary school***

School Name *(base school)* _____

**REGISTRATION FEE** $ _____ ___ One-time ___ Yearly

## FEES

***Check all ages you serve:***

***Weekly Child Care Rates:***

| | | | | |
|---|---|---|---|---|
| ___ Infants (birth - 15 months) | $_____ | ___ Kindergarten (60 – 71 months) | $_____ | full day |
| ___ Toddler (16 - 23 months) | $_____ | ___ before and after kindergarten | $_____ | |
| ___ Two-year old (24 – 35 months) | $_____ | ___ School age (72 months – 13 years) | $_____ | full day |
| ___ Young Preschool (36 – 47 months) | $_____ | ___ before and after school | $_____ | |
| ___ Older Preschool (48 – 59 months) | $_____ | | | |

## Care Level

**Schedule** Hours and days of operation as well as alternative schedules you offer

***Hours of Operation:*** Open _____ a.m. Close _____ p.m.

Minimum age you would enroll _____ mos/yrs Maximum age you would enroll _____ mos/yrs

***Schedule Options:*** ___ Full-time only ___ Full-time and Part-time ___ Part-time only

***Days of Operation:*** ___ Sun ___ Mon ___ Tues ___ Wed ___ Thur ___ Fri ___ Sat

***Alternative Options you are willing to consider:***

___ before school
___ after school
___ before/after preschool
___ extended hours
___ evening care
___ weekend care
___ holidays/vacation
___ occasional/back-up
___ mornings
___ shift/rotating week
___ summer only
___ school year only
___ year round

Describe any other schedule options you offer:_____

## SPECIAL SERVICES

***Experience or training in the care of children with special needs____*** Yes ____ No

***Check if you have experience or training to provide the following types of special care:***

__ Adaptive/special equipment (apnea monitor, catheter, g-tube, nebulizer)
__ Allergies
__ Asthma/respiratory conditions
__ Cerebral Palsy, neurological or seizure disorder
__ Development delay (language/speech delay)
__ Diabetes
__ Dispense Medication
__ Downs Syndrome
__ Emotional/learning disabilities (ADHD/ADD, autism, challenging, behaviors)
__ Physical Impairments (hearing impaired, motor impairment, visually impaired)
__ Physical or occupational therapy
__ Special diets

***Are you willing to provide care for mildly ill children?*** *(colds, ear infection, fever, etc.)* ____ Yes ____ No

**Language:** ***Please list the languages you speak:*** ___ English ___ Spanish ___ Vietnamese ___ Farsi ___ Korean ____Hindi ____Punjabi Other (please specify) _____

***Can you use sign language?*** ____ Yes ____ No

***Do you transport children*** ?:

*Other School* _____ _____To School _____ From School

___ from their home to your care? __ Yes __ No
___ from your care to their home? __ Yes __ No

**Signature** _____ **Date** _____

**By signing this application to become part of the Child Care Central Database, I understand that information about my program will be made available to the public through the Office for Children's Child Care Central Website and on listings requested by parents. I also understand that the Office for Children reserves the right to remove a child care program from the Child Care Central Database.**

Please call Community Education and Provider Services at (703) 324-8100 with any questions. www.fairfaxcounty.gov/childcare

**FAIRFAX COUNTY OFFICE FOR CHILDREN**
12011 Government Center Parkway, 8th Floor Suite 820
Fairfax, VA 22035-1104
Fax: (703) 324-3925

**For Office Use Only**

CCMS # _____ Map Code _____

Application Received _____ Date entered into CCMS _____